

Employee Exit Questionnaire - sample for others

1. Making (department name) An Ideal Place To Work

We'd like to know what we can do to make the (department name) an ideal place to work. Please take about ten minutes to answer the following questions, telling us about your experience with the Department and the reason(s) you are leaving.

This questionnaire is anonymous and voluntary. Because your input is of great value and importance, your responses will be kept as confidential as possible and will not affect your standing with the Department.

The information you provide will be used solely to help us identify opportunities to improve employee job satisfaction and retention. Responses to all questions become part of our Employee Exit Questionnaire database managed by Human Resources.

Thank you for your assistance in this important process.

If you have survey-related questions, please send an e-mail to.....

2. General Information

When You Are Leaving Your Position

	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
2008	jn	jn	jn	jn
2009	jn	jn	jn	jn
2010	jn	jn	jn	jn

Area You Report To (for the position that you are leaving)

jn (Division 1)

jn (Division 2)

jn (Division 3)

3. General Information (con't)

First six digits of your Position Number found on your timesheet.

Job Category You Are Leaving

jn Headquarters - Support Staff

jn Headquarters - Analytical Staff

jn Headquarters - Supervisory, Management

Length of Service

	1-5 years	6-10 years	10-15 years	16-20 years	21 years and more
With State Government	jn	jn	jn	jn	jn
With (department name)	jn	jn	jn	jn	jn
In Current Classification	jn	jn	jn	jn	jn

4. Number One Reason For Leaving

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We realize a lot of factors go into a decision to change jobs. What was the Number One Reason for leaving this job? Please be candid and honest.

Comments (Limit 2000 characters.)

5. Rating Your Job

Please rate the following by placing a check in the appropriate column.

Job Satisfaction

	No, Not At All	Somewhat	Neutral / Not Applicable	Yes, For The Most Part	Yes, Definitely
1. Did you feel this position was a good fit for you based on your interests, experience, skills/abilities, and education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you like your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you receive adequate training to perform your job effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you feel the amount of work you were asked to perform was manageable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you feel you received effective and adequate supervision while you were here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you feel (department name) had promotional opportunities available to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Rating Your Job

Please rate the following by placing a check in the appropriate column.

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Job Satisfaction

	No, Not At All	Somewhat	Neutral / Not Applicable	Yes, For The Most Part	Yes, Definitely
7. Would you recommend working for (department name) to your family or friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. If you are separating from (department name), would you consider working for (department name) in the future?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Were you satisfied with the physical environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Were you satisfied with the geographical location?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Did you feel you had a good working relationship with your co-workers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Additional Comments

If you have any other comments to add to this survey, please enter them here.
(Limit 2000 characters.)

8. Equal Employment Opportunity

Completing this page is optional.

Were you provided training on (department name) procedures and resources to remedy allegations of discrimination?

☐ Yes

☐ No

9. Demographic Information

Completing this page is optional.

Gender

☐ Female

☐ Male

Age

☐ 18-39

☐ 40-59

☐ 60 and above

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Disability (Enter a maximum of 500 characters.)

Ethnic Group

Thank you for participating in this questionnaire. Your input is of great value and importance and will be used solely as a tool for improving present and future employee working conditions. We appreciate your participation in this important process.

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